

TOWN OF CRESTED BUTTEPO BOX 39
CRESTED BUTTE, CO 81224

Phone (970) 349-5338

SALES TAX RETURN

Period Covered: _____

Phone: _____

Business Name _____

Sales Tax # _____

Mailing Address _____

City _____

State _____

Zip _____

- | | |
|--------------------------------|--|
| 1. Gross Sales and Services | |
| 2. Vendor In-House Consumption | |
| 3. Add: Bad Debts Collected | |
| 4. Total Lines 1, 2 and 3 | |

DEDUCTIONS:

- | | |
|--|--|
| a. Non-taxable service sales | |
| b. Sales to other licensed dealers for purpose of taxable resale | |
| c. Sales shipped/delivered out of Town | |
| d. Sales to government, religious, and charitable organizations | |
| e. Sales of gasoline and cigarettes | |
| f. Bad debts charged off (on which Town tax has been paid) | |
| g. Returned goods (on which Town tax has been paid) | |
| h. Other deductions (list) | |

- | | |
|--|--|
| 5. Total Deductions (add lines a - h) | |
| 6. Total Town Net Taxable Sales and Services (line 4 minus line 5) | |
| 7. Amount of Town Sales Tax (4% of line 6) | |
| 8. Add excess tax collected | |
| 9. Adjusted Town Tax (add lines 7 and 8) | |
| 10. Deduct 3.33% of line 9 (Vendor Fee if paid on time) | |
| 11. Total Sales Tax (line 9 minus line 10) | |
| 12. Penalty (for late filing) | |
| a) The greater of 10% of line 11 or \$15.00 PLUS | |
| b) 1/2% of tax due per month | |
| 13. Interest (for late filing) 14% per annum (.0384 per day) | |
| 14. Total Amount Due (add lines 11, 12a, 12b and 13) | |

I hereby certify under penalty of perjury, that the statements made herein are to the best of my knowledge, true and correct.

Date: _____ Signature: _____

Printed Name: _____

The tax imposed under this ordinance shall be due and payable at the end of each month and shall be due no later than twenty (20) days after the beginning of the following month. Keep a copy for your records.